

POVERTY EXEMPTION APPLICATION

I, Petition residence, apply for property ta The principal residence of person eligible for exemption in whole	x relief under MCL 211. ons who, by reason of po	7u of the overty are	General Proper unable to contr	ty Ta	
In order to be considered con information regarding all me as listed within the application	mbers residing within t	he house	hold, and 3) in	clude	e all required documentat
PERSONAL INFORMATI	ION: Petitioner must l	ist all re	quired persona	ıl inf	formation.
Property Address of Principal Re	esidence:	Daytii	ne Phone Numbe	r:	
Age of Petitioner:		Marita	ıl Status:		Age of Spouse:
Number of Legal Dependents:		Age o	f dependents:		
Applied for Homestead Property	Tax Credit (yes or no):	Amou	nt of Property Ta	x Cre	dit:
Property Parcel Code Number:		Name	Name of Mortgage Company:		
Unpaid Balance Owed on Principal Residence:		Month	Monthly Payment:		gth of Time at Residence:
Property Description:		1	'		
ADDITIONAL PROPERTY member residing in the househor Do you own, or are buying, other information below.	old owns.				er property you, or any Earned from Other
Property Address	Name of Owner(s)	Assessed Val	lue	Amount & Date of Last Taxes Paid



Name of Employer	:	Na			ne of Contac	t Per	son:		
Address of Employ	f Employer:				E	mplo	yer Phone Nu	ımber:	
List all income sour retirement account dividends, claims a mortgage, or any o	s), unemplo and judgeme	oyment co	ompensation lawsuits,	n, dis alimo	ability, go ny, child sı	vernr uppor	nent pensior	ıs, worke	r's compensation
	Source of i	ncome			Monthly or Annual Income (indicate which)				
nousehold member shares, certificates Name of Financial Or Investmen	of deposit, Institution	cash, sto		or sin	-	tmer	-	ersons res	-
LIFE INSURANC	CE: List all	policies l	held by all	house	ehold mem	bers.			
		Monthly Payment	P	olicy Paid In Full		ume of Benefi	ciary	Relationship to Insured	
MOTOR VEHICL etc.) held or owned						_	•	motor he	omes, camper trai
Make Model		Model (Month	nly Pa	nyment	В	alance Owed	



LIST ALL PERSONS LIVING IN HOUSEHOLD: All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Family Income

PERSONAL DEBT: All personal debt for all household members must be listed.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Balance	Balance Owed

MONTHLY EXPENSE INFORMATION: The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Phone:
Daycare:	Car Expense (gas, repair, etc):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):



Notice: Any willful misstatements or misrepresentations made on this form my constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

Notice: Per MCL 211.7u(2b), a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income or a signed Form 4988, Poverty Exemption Affidavit. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

Petitioners: Do not sign this application until witnessed by the Supervisor, Assessor, Board of Review or Notary Public. (Must be signed by either the Supervisor, Assessor, Board of Review or Notary Public)

STATE OF MICHIGAN COUNTY OF INGHAM

household member residing within the principal r	the foregoing information is complete an esidency, have money, income or proper	,
	Petitioner Signature	Date
Subscribed and sworn thisday of	, 20	
Staff Signature:	Printed Name:	
BOR Member Signature:	Printed Name:	
Notary Signature:	Printed Name:	
My Commission Expires:		
This application shall be filed after January 1, but address below.	before the day prior to the last day of the	e December Board of Review to the
	Board of Review C/O Assessor City of Lansing 124 W. Michigan Ave Lansing, MI 48933	

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED BY PETITION TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR, JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL BY PETITION WITHIN 35 DAYS OF DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE PETITION.

Michigan Tax Tribunal PO Box 30232 Lansing, MI 48909 Phone: 517-373-4400

E-mail: taxtrib@michigan.gov



Michigan Department of Treasury 4988 (05-12)

Poverty Exemption Affidavit

Signature of Person Making Affidavit

This form is issued under authority of public Act 206 of 1893; MCL 211.7u

filed with the supervisor or the board for a whole or partial property tax ex- poverty and the inability to contribu- the exemption be provided to the bo- persons residing in the principal res	his document must accompany a taxpayer's Application for Poverty Exemption of review of the local unit where the property is located. MCL 211.7u provides comption on the principal residence of an owner of the property by reason of the toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for aird of review by supplying copies of federal and state income tax returns for all idence, including property tax credit returns, or by filing an affidavit for all of were not required to file federal or state income tax returns for the current
I reside in the principal reside	, swear and affirm by my signature below that nce that is the subject of this Application for Poverty Exemption ar and the preceding tax year, I was not required to file a federal
Address of Principal Residence:	

Date



FEDERAL POVERTY GUIDELINES FOR 2020 ASSESSMENTS

The following are federal poverty guidelines as of 12-31-19 for use in setting poverty exemption guidelines for 2020 assessment.

1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

For each additional person, add

\$4,420